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FACSIMILE TRANSMISSION COVER SHEET

Date: November 10, 2005

To: United States Patent and Trademark Office
Examiner: Pham, Long; Art Unit: 2814

Fax: (571) 273-8300

Re: **Application Serial No.: 10/054,438**
Filing Date: 1/22/2002; First-Named Inventor: U'Ren
Attorney Docket No.: 00CON134P-DIV

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 24

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated July 19, 2005.

Payment for First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 00CON134P-DIV

AMENDMENT COVER SHEET

IN RE APPLICATION OF: U'Ren, Gregory D.

SERIAL NO.: 10/054,438 FILED: January 22, 2002

FOR: Independent Control of Polycrystalline Silicon-Germanium in an HBT and Related Structure

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

	RATE Non-Small Entity	RATE Small-Entity	FEE
<input checked="" type="checkbox"/> EXTENSION FEE			
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☒ TOTAL EXTENSION FEE \$ 120.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	30	MINUS **30	* = 0	x 50	x 25	\$
INDEPENDENT	5	MINUS ***5	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

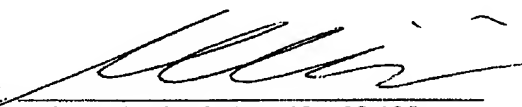
Attorney Docket No.: 00CON134P-DIV

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

11/10/05

By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Signature

Christina Carter

Name of Person Performing Facsimile Transmission

Christina Carter

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
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CERTIFICATE OF MAILING

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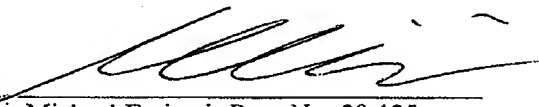
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AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated July 19, 2005 in the
above-referenced patent application. Please enter and consider the following
amendments and remarks.

11/14/2005 TL0111 00000019 10054438

01 FC:1251

120.00 OP